

no child at a birth, a SEPARATE RETURN must be made for each, and the number of each.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 130
Registered No. 272

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Eula Mc Callum
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? Yes
7. Date of birth June 9 1929
Month Day Year

8. FATHER
Full name Robert Montfort Mc Callum
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Kansas City
(State or country) Missouri

13. Occupation Express Agent
Nature of industry American R. R. Express

14. MOTHER
Full maiden name Mamie Pool
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race White
17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Dante
(State or country) Alabama

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living _____
(b) Born alive but now dead _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was alive at 3 1/2 m. on the date above stated.
(Born alive or born.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. J. Miller
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address Miami, Arizona
Filed June 20, 29 1929 Registrar J. J. Miller

44-609-473